

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10-019,364	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2	/						52		/		
3	/						53		/		
4	/						54		/		
5	/						55		/		
6	/						56		/		
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44	/						94				
45	/						95				
46	/						96				
47	/						97				
48	/						98				
49	/						99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.	56			
TOTAL CLAIMS							TOTAL CLAIMS	57			